

- Place an "X" in one of the boxes indicating the type and classification of the license for which you qualify to take an examination
- Fill out a separate application for each examination.
- Please print or type.

Do you have a:

- ☐ College Degree in engineering or a related science (Specify the related science degree e.g. physics, biology, chemistry) _____
- ☐ College Degree not related to engineering or science
- ☐ Associate Degree in engineering or a related science (Specify the related science degree e.g. physics, biology, chemistry) _____
- ☐ Post secondary vocational program acceptable to Department of Environmental Protection

NAME & LOCATION OF COLLEGE	DATES ATTENDED		MAJOR	DEGREE AND DATE
	From	To		

Have you successfully completed any of the following approved courses in the subject matter required by the license being sought?
(Submit photocopy of course certificate(s).)

	NAME & LOCATION OF SCHOOL	DATES ATTENDED	
		From	To
<input type="checkbox"/> Yes <input type="checkbox"/> No Introductory Course to Water & Wastewater Operations			
<input type="checkbox"/> Yes <input type="checkbox"/> No Advanced Course [] Water Part I [] Part II [] Wastewater Part I [] Part II			
<input type="checkbox"/> Yes <input type="checkbox"/> No Collection System Course			
<input type="checkbox"/> Yes <input type="checkbox"/> No Industrial Wastewater Operations Course			

WATER/WASTEWATER/COLLECTION SYSTEM/EMPLOYMENT RECORD (Begin with present position and work back through applicable experience.) **NOTE:** All employment must be verified by a **Statement of Qualifications, Form No. ADM-035A**, signed by the licensed operator in charge, as listed on DEP records. If your experience was gained while in the employment of a consulting or contract operations firm, each facility at which you worked must be listed. Listing the consulting or contract operations firm only as your employer is not acceptable.

NAME OF EMPLOYER		NJPD/PSID #	
ADDRESS		Facility Classification	
POSITION/TITLE		DATES OF EMPLOYMENT From: To:	
<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME	IF PART TIME, GIVE NO. OF HOURS WORKED PER WEEK	TIME EMPLOYED	
		DIRECT RESPONSIBLE CHARGE* Yrs. Mos.	OPERATING EXPERIENCE** Yrs. Mos.

NAME OF EMPLOYER		NJPD/PSID #	
ADDRESS		Facility Classification	
POSITION/TITLE		DATES OF EMPLOYMENT From: To:	
<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME	IF PART TIME, GIVE NO. OF HOURS WORKED PER WEEK	TIME EMPLOYED	
		DIRECT RESPONSIBLE CHARGE* Yrs. Mos.	OPERATING EXPERIENCE** Yrs. Mos.

NAME OF EMPLOYER _____		NJPDDES/PWSID # _____	
ADDRESS _____		Facility Classification _____	
POSITION/TITLE _____		DATES OF EMPLOYMENT From: _____ To: _____	
<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME	IF PART TIME, GIVE NO. OF HOURS WORKED PER WEEK _____	TIME EMPLOYED	
		DIRECT RESPONSIBLE CHARGE* _____ Yrs. _____ Mos.	OPERATING EXPERIENCE** _____ Yrs. _____ Mos.

NAME OF EMPLOYER _____		NJPDDES/PWSID # _____	
ADDRESS _____		Facility Classification _____	
POSITION/TITLE _____		DATES OF EMPLOYMENT From: _____ To: _____	
<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME	IF PART TIME, GIVE NO. OF HOURS WORKED PER WEEK _____	TIME EMPLOYED	
		DIRECT RESPONSIBLE CHARGE* _____ Yrs. _____ Mos.	OPERATING EXPERIENCE** _____ Yrs. _____ Mos.

*** Direct Responsible Charge Experience** (Required only for Class 3 & 4 licenses) -- shall mean active, daily, on-site supervision, including operation and maintenance responsibilities **in a system with a classification no less than one classification lower than the license sought.** This experience must be gained while in possession of a license no less than one grade lower than the license sought.

**** Operating Experience** -- shall mean full time or equivalent time spent in the satisfactory performance of significant operational duties at a system which is acceptable to the Board.

**** Operating Experience** -- (Industrial N-1,2,3,4) -- shall mean the full time or equivalent time spent in the satisfactory performance of significant operational duties at a system which is acceptable to the Board. Manufacturing and process experience may be acceptable for operating experience.

<u>CERTIFICATION OF APPLICANT</u>	
<i>I hereby certify that there are no misrepresentations in my answers to the questions on this application.</i>	
Signature _____	Date _____

<u>IMPORTANT:</u> Read carefully before submitting your application.	
<ul style="list-style-type: none"> •Have you answered all questions? Admission to examinations shall be dependent upon information furnished on this application. •Have you signed and dated the application? •Photocopy of the required course certificate(s) must be included. •A Statement of Qualifications (Form ADM-035A) from each of the DEP approved licensed operators at the plant(s) listed on your employment record must accompany this application verifying your experience. •Transcript of your college degree(s), and a copy of your high school diploma/equivalency certificate must be included to support your educational qualifications. •As provided by N.J.S.A. 58:11-64 et. seq., a nonrefundable application fee of \$35 is required. Make check payable to: Treasurer, State of New Jersey. •Send your application and fee with the necessary supporting documentation to: 	
N.J. Department of Environmental Protection Examinations & Licensing Unit, General Services PO Box 441 Trenton, New Jersey 08625-0441	